

## STATEMENT ON BEHALF ANTON BLACK FAMILY

January 24, 2018 8:00 a.m.

**Attorneys for the family of Anton Black released the following statement this morning along with a copy of the autopsy provided to them yesterday evening by the Maryland Office of the State Medical Examiner.**

**The following is a statement from the family lawyers, Rene' C. Swafford of the law offices of Rene' Swafford and Timothy F. Maloney of Joseph, Greenwald and Laake, PA:**

Anton Black died in police custody on September 15, 2018. Yesterday, 115 days after his death, his family was finally provided with a copy of autopsy, even though the autopsy was completed the day after his death and the cardiac consultation was completed on November 1, 2018.

The family is releasing the autopsy now. The family hopes that by making the autopsy public, it will help lead to the truth about why and how Anton died.

As part of the autopsy, extensive toxicology screens were conducted. The toxicology screen was not positive for any controlled dangerous substances. The family of Anton Black demands an apology from the law enforcement officials who told the media that drugs were likely a factor in his death.

The autopsy also documents in shocking detail the extensive blunt trauma as a result of the excessive force of the officers who chased Anton Black and restrained him. The autopsy documents more than 43 blunt trauma wounds:

- a  $\frac{1}{2}$  x  $\frac{3}{8}$ " red abrasion on the right side of the forehead
- multiple abrasions up to  $\frac{1}{4}$ " on the nose
- a  $\frac{1}{2}$  x  $\frac{3}{16}$ " red purple abraded contusion on the left eyelid
- a  $\frac{1}{16}$ " red abrasion lateral to the left eye
- a  $1\frac{1}{2}$  x  $\frac{5}{8}$ " red/tan abrasion on the right side of the face
- a  $\frac{3}{16}$ " red abrasion below the left naris of the nose
- multiple red abrasion up to  $\frac{1}{4}$ " below the left corner of the mouth
- two  $\frac{1}{4}$ " red abrasions on the right lateral inner upper lip

--multiple red abrasions, up to 3/16" on the left lateral inner upper lip

--multiple red abrasions up to 3'16" on the right lateral inner low lip

--a 1/8" red abrasion on the left lateral lower lip

--a 3/16" red abrasion on the left medial inner lower lip

--a 3/4 x 1/8" red-purple abraded contusion on the left lateral inner lower lip

--a 3/8 x 1/4" red-purple abraded contusion on the right lining of the cheeks (right buccal mucosa)

--a 1/8" red-purple abraded contusion on the right lining of the cheeks (right buccal mucosa)

--two 1/16" brown abrasions on the helix (rim) of the left ear

--multiple red abrasions and purple contusions up to 1/2" on the inner left ear

--multiple red abrasions and purple contusions up to 1/8" behind the left ear and on the neck

--3/8 x 1/4" red-purple abraded contusion was on the left anterior base of the neck

--1/8" red abrasion on the left posterior neck

--multiple linear brown crusted abrasions up to 7/8" on the right upper back

--multiple linear brown crusted abrasions up to 1/2" on left upper back

--multiple purple contusions up to 18" on left upper back

--2 1/2 x 2" subcutaneous hemorrhages on the mid upper back

--a 1 1/2 x 1" subcutaneous hemorrhage on the mid upper lumbar area

--purple contusions up to 3/17" on the anterior right shoulder

--multiple purple contusions up to 1" on the medial right arm

--multiple linear red abrasions up to 3/8" on the right forearm

--a 1/16" brown abrasion on the right wrist

--multiple purple contusions up to 3/16" on the right shoulder

--multiple purple contusions up to 1" on the right arm

--multiple linear red abrasions up to 3/8" on the right forearm

--a 1/16" brown abrasion on the right wrist

- two red abrasions  $1\frac{1}{2} \times \frac{1}{2}$  and  $1\frac{1}{8}$  on the top of the left shoulder
- multiple red abrasions up to  $3/8"$  on the left forearm
- a  $5/16 \times 3/16$  red purple abrasion on the left wrist
- three red abrasions each  $1/16"$  on the left hand
- a  $1/8"$  brown abrasion on the posterior left middle finger
- a  $1/8"$  red abrasion on the left index finger
- a  $2/12 \frac{3}{4}"$  red abrasion on the right thigh
- a  $\frac{3}{4} \times \frac{1}{4}"$  red abrasion on the right knee
- two  $3/8 \times \frac{1}{4}"$  brown crusted abrasions on the top of the right foot
- multiple brown crusted abrasions up to  $3/16"$  on top of the left foot

Additionally, a taser dart without attached wire was found in the left buttock. The wound track of the taser indicated it penetrated through half an inch of skin and was accompanied by a fascial hemorrhage of almost two inches by  $\frac{3}{4}$  inch.

These extensive injuries are well-documented in the autopsy report. There was no good reason for these officers to inflict this degree of force upon Anton Black, or even to arrest him. He was no threat to any of them.

Yesterday, the media was finally shown the body camera footage of Anton Black's final minutes of life. The State's Attorney for Caroline County had previously shown the video to lawyers for the family.

The family calls for the Town of Greensboro to publicly release of the full video now without redactions. The video shows Anton Black being chased by a Greensboro officer and others without any cause to arrest him. When Anton sought refuge on his own property first at his home, which was locked, and then in a family vehicle, the Greensboro officer, Thomas W. Webster IV, used his baton to smash open the window. He then attempted to shock Anton Black with his taser through the window he had just broken.

Anton then attempted to escape through the other car door. Webster, officers from other departments, and a civilian forced Anton Black to the ground, and attempted to place him in ankle restraints and handcuffs. Seconds later, Black became unresponsive. He was later pronounced dead at a local hospital.

The state autopsy concluded that Anton Black suffered from sudden cardiac arrest. It also concludes that it is “likely that the stress of the struggle” contributed to his death. (p. 6) The autopsy documents the stress of the struggle, including more than 43 blunt force trauma wounds.

The autopsy also concluded that Anton Black suffered from congenital heart problems, including anomalous right coronary artery and myocardial tunneling, which the medical examiner apparently believes made him more susceptible to cardiac arrest under these circumstances. This matter will be examined further by the family’s medical experts.

But any congenital heart issues that may have existed would not excuse police officers responsibility for a death which occurs as a result of wrongful arrest or excessive force. Under Maryland law, police officers are responsible for the death of anyone they wrongfully injure who is vulnerable to injury and susceptible to cardiac arrest.

The autopsy references bipolar disorder. The medical examiner is not qualified to make a diagnosis of bipolar. The medical examiner performs pathological examination of the deceased, not mental examinations of the living. In any event, Anton Black did not die because of any mental condition. He died because the stress of multiple blunt trauma inflicted upon him as part of a wrongful arrest and wrongful use of excessive force.

The autopsy mischaracterizes Anton Black’s death as “accidental.” There was nothing accidental about the police conduct here. Officer Webster made an intentional and wrongful decision to arrest Anton Black, who had committed no crime. Officer Webster, the other officers, and the civilian made intentional decisions to use the degree of force they did which led to Anton Black’s death. These were not accidents.

The ultimate issue here is whether Officer Webster had probable cause to arrest Anton Black and whether he and the other officers used excessive force in attempting to effectuate that arrest.

Officer Webster had no probable cause to arrest Anton Black. He had committed no crime. He was playing with his longtime friend. He was not “kidnapping” him as Officer Webster falsely stated.

There was no reason for Officer Webster, officers from other departments, and a civilian to chase Anton Black into his own property, where he sought refuge in a family car. There was no reason for Officer Webster to smash the window of the family car with his baton. There was no reason to tase him. There was no reason for the officer to tackle him, restrain him and shackle him. There was no reason to inflict 43 blunt trauma wounds on Anton Black. There was no reason for Anton Black to die.

The family of Anton Black seeks justice for his death. They request the Caroline County State’s Attorney to convene a grand jury as part of his ongoing investigation into the death of Anton Black. The family is also conducting an independent review of the forensic and medical evidence in conjunction with civil rights claims arising from the death of Anton Black.

# # # # #

Contact:

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**Timothy F. Maloney, Esq.**  
Joseph Greenwald & Laake, PA  
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**Attachment: Autopsy**

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An autopsy was performed on the body of ANTON MILBERT L. BLACK at the Office of the Chief Medical Examiner for the State of Maryland on the 16<sup>th</sup> day of September 2018.

### EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, adult black male. The body was received unclad. The body weighed 159 pounds, was 5'9" in length and appeared compatible with the reported age of 19 years. The body was cool. Rigor was fully fixed in the extremities and jaw. Fixed purple livor mortis was on the posterior surfaces of the body, except in areas exposed to pressure. The scalp hair was black, curly, and arranged in moderately long braids. Facial hair consisted of a black mustache and tuft of hair on the chin. The irides were brown. The corneae were slightly clouded. The conjunctivae were slightly congested with a few petechiae on the right lateral bulbar conjunctivae. Two hemorrhages, 1/8" and 1/16", were on the left lower lateral bulbar conjunctiva. Otherwise the sclerae were white. Bloody fluid was at the mouth and nares. The external auditory canals were free of foreign material and abnormal secretions. The nasal skeleton was palpably intact. The lips were normally formed. The anterior teeth were natural and in adequate condition. No oral petechiae were noted. No petechiae were on the facial skin. The neck organs were in the midline position and appeared normally formed. The chest was unremarkable. The abdomen was flat. Small scars were on the back and extremities. The upper and lower extremities were symmetrical and without absence of digits. The fingernails were short, clean, trimmed and intact. No tattoos were identified. The external genitalia were those of an adult circumcised male. The testicles were bilaterally descended within a dried scrotum. The posterior torso was without note. The anus was unremarkable.

### EVIDENCE OF THERAPY

Evidence of medical intervention included: an orotracheal tube; defibrillator pads on the chest; bilateral chest tubes; a decompression catheter in the right side of the top of the chest; a peripheral intravenous catheter in the right antecubital fossa; and a peripheral intravenous catheter in the posterior right hand. Multiple red-brown abrasions, up to 1-7/8", on the mid-chest were consistent with injuries due to resuscitative efforts.

### EVIDENCE OF INJURY

#### I. BLUNT FORCE TRAUMA

A 1/2 x 3/8" red abrasion was on the right side of the forehead. A 1/8" red abrasion was on the left side of the forehead. Multiple red abrasions, up to 1/4", were on the nose. A 1/2 x 3/16" red-purple abraded contusion was on the lateral left upper eyelid. A 1/16" red abrasion was just lateral of the left eye. A 1-1/2 x 5/8" red-tan abrasion was on the right side of the face. A 3/16" red abrasion was just below the left naris of the nose. Multiple red abrasions, up to 1/4", were just below the left corner of the mouth. Two red abrasions, each 1/4", were on the right lateral inner upper lip. Multiple red abrasions, up to 1/2", were on the left lateral inner upper lip. Multiple red abrasions, up to 3/16", were on the right lateral inner lower lip. A 1/8" red abrasion was on the left lateral lower lip. A 3/16" red abrasion was on the left medial inner lower lip. A 3/4 x 1/8" area of red-purple abraded contusion was on the left lateral

inner lower lip. A  $3/8 \times 1/4$ " red-purple abraded contusion and a  $1/8$ " purple contusion were on the right buccal mucosa.

Two brown abrasions, each  $1/16$ ", were on the helix of the left ear. Multiple red abrasions and purple contusions, up to  $1/2$ ", were on the inner aspect of the left ear. Multiple red abrasions and purple contusions, up to  $1/8$ ", were just behind the left ear and on the adjacent posterolateral neck. A  $3/8 \times 1/4$ " red-purple abraded contusion was on the left anterior base of the neck. A  $1/8$ " red abrasion was on the left posterior neck.

Multiple linear brown crusted abrasions, up to  $7/8$ ", were on the right upper back. Multiple linear brown crusted abrasions, up to  $1/2$ ", and purple contusions, up to  $1/8$ ", were on the left upper back. Cut-downs were performed along the posterior neck, back and extremities. A  $2-1/2 \times 2$ " area of subcutaneous hemorrhage was on the mid upper back; no underlying muscle hemorrhage, contusion or other injury was noted, and no fractures were noted. A  $1-1/2 \times 1$ " area of subcutaneous hemorrhage was on the mid upper lumbar area; no underlying muscle hemorrhage, contusion or other injury was noted.

A few purple contusions, up to  $3/16$ ", were on the anterior right shoulder. Multiple purple contusions, up to  $1$ ", were on the medial right arm. Multiple linear red abrasions, up to  $3/8$ ", were on the posteromedial right forearm. A  $1/16$ " brown abrasion was on the posterolateral right wrist.

Two red abrasions,  $1-1/2 \times 1/2$ " and  $1 \times 1/8$ ", were on the top of the left shoulder. Multiple linear red abrasions, up to  $3/8$ ", were on the posteromedial distal left forearm. A  $5/16 \times 3/16$ " red-purple abraded contusion was on the posteromedial left wrist. Three red abrasions, each  $1/16$ ", were on the posterior left hand. A  $1/8$ " brown abrasion was on the posterior left hand. A  $1/8$ " purple contusion with adjacent  $1/8$ " red abrasion was on the posterior left middle finger. A  $1/8$ " red abrasion was on the posterior left index finger. Cut-downs of the wrists revealed no hemorrhage, contusions, or other abnormalities within the soft tissues and muscles of the wrists.

A  $2-1/2 \times 3/4$ " red abrasion was on the anterolateral right thigh. A  $3/4 \times 1/4$ " red abrasion was in the anterior right knee. A  $3/8 \times 1/4$ " red abrasion was on the medial right ankle. Two brown crusted abrasions,  $1/8$ " and  $1/4$ ", were on the top of the right foot. Multiple brown crusted abrasions, up to  $3/16$ ", were on the top of the left foot. Cut-downs of the ankles revealed no hemorrhage, contusions, or other abnormalities within the soft tissues and muscles of the ankles.

## II. TASER

A TASER dart without attached wire was in the left buttock; a  $1-1/4$ " segment of the dart extended out from the skin of the buttock. When removed from the buttock, the dart consisted of a  $1$ " long base with attached  $1/2$ " barbed end. The taser wound in the left buttock consisted of a  $1/16$ " puncture mark with two linear red abrasions, each  $1/2$ ", arranged in a semicircular pattern along the medial edge. A  $1/8 \times 1/8$ " purple contusion was just lateral to the puncture mark. A  $1 \times 1/4$ " pressure mark extended superomedially from the puncture wound. The hemorrhagic wound track of the dart extended  $1/2$ " through the subcutaneous tissue and was associated by a  $1-7/8 \times$

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Case Number: 18-11079

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$\frac{3}{4}$ " area of fascial hemorrhage on the underlying muscle of the buttock. Sectioning of the muscle revealed hemorrhage on the surface of the muscle, but not extending into the substance of the muscle.

### INTERNAL EXAMINATION

#### BODY CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. No adhesions or abnormal collections of fluid were in any of the body cavities. All body organs were in the normal anatomic position.

#### HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage. Further description of the brain, dura and spinal cord will be given within the "Neuropathology Report". The brain weighed 1400 grams.

#### NECK:

A layered anterior neck dissection revealed no hemorrhage, contusion or other abnormalities within the strap muscles, soft tissues and large vessels of the anterior neck. The hyoid bone and larynx were intact. A posterior neck dissection revealed no hemorrhage, contusion or other abnormalities within the soft tissues or muscles of the posterior neck; the bony elements of the posterior neck were intact.

#### CARDIOVASCULAR SYSTEM:

Further description of the heart will be given within the "Cardiovascular Pathology Report". The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 390 grams.

#### RESPIRATORY SYSTEM:

The upper airways were clear of debris and foreign material; the mucosal surfaces were smooth, yellow-tan and unremarkable. The pleural surfaces were smooth, glistening and unremarkable. The pulmonary parenchyma was red-purple and congested, exuding mild amounts of blood and frothy fluid; no focal lesions were noted. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The right lung weighed 520 grams; the left 340 grams.

#### LIVER & BILIARY SYSTEM:

The hepatic capsule was smooth, glistening, intact, and covered a dark red-brown parenchyma with no focal lesions noted. The gallbladder contained 20 mL of green-brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1710 grams.

#### ALIMENTARY TRACT:

The tongue exhibited no evidence of recent injury. The esophagus was lined by a gray-white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 200 mL of dark brown liquid.

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The gastric mucosa was diffusely congested, but no ulcers or perforations were noted. The small and large bowels were unremarkable. The pancreas had a normal pink-tan lobulated appearance and the ducts were clear. The appendix was unremarkable.

**GENITOURINARY SYSTEM:**

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red-brown cortical surfaces. The cortices were sharply delineated from the medullary pyramids, which were red-purple and unremarkable. The calyces, pelvis and ureters were unremarkable. The urinary bladder contained 20 mL of yellow urine; the mucosa was gray-tan and smooth. The prostate gland was without note. The right kidney weighed 150 grams; the left 150 grams.

**RETICULOENDOTHELIAL SYSTEM:**

The spleen had a smooth, intact capsule covering a red-purple, soft parenchyma; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 120 grams.

**ENDOCRINE SYSTEM:**

The thyroid and adrenal glands were unremarkable.

**MUSCULOSKELETAL SYSTEM:**

Muscle development was normal. No bone or joint abnormalities were noted. The neck was stable on internal palpation. No fractures were noted within the ribs or spine. Cut-downs were performed along the back, and no hemorrhage, contusions or other abnormalities were noted, except as previously described; no fractures were noted. Cut-downs were performed along the upper and lower extremities; no hemorrhage, contusions or other abnormalities were noted. No hemorrhage, contusions or other abnormalities were noted within the wrists or ankles.

**MICROSCOPIC EXAMINATION**

**Lungs:** Sections of the lungs showed congestion, edema and intra-alveolar hemorrhage. Scattered clumps of bacteria without an associated inflammatory response likely represent post-mortem overgrowth. Mild, mostly chronic inflammation was around some airways, and increased mucus was noted within some airways; asthmatic type changes were not prominent.

**Airways:** Sections of the trachea and mainstem showed focal submucosal congestion and hemorrhage.

**Liver:** A section of the liver showed no significant histopathology.

**Kidney:** A section of a kidney showed autolysis and congestion.

**Pancreas:** A section of the pancreas showed focal autolysis and no significant histopathology.

**Stomach:** Sections of the stomach showed congestion and focal chronic inflammation.

**Spleen:** A section of the spleen showed no significant histopathology.

**Adrenal Gland:** A section of an adrenal gland showed no significant histopathology.

**Skin:** A section of the skin from the left buttock at the site of the TASER dart showed focal submucosal hemorrhage.

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**PATHOLOGIC DIAGNOSES**

- I. Anomalous Right Coronary Artery Arising from Single Common Ostium above Left Coronary Sinus of Valsalva
- II. Myocardial Tunneling, Mid Left Anterior Descending Coronary Artery, 18 mm long and up to 7 mm deep
- III. Abrasions and Contusions of the Head, Back and Extremities
- IV. Taser Probe within Left Buttock
- V. Petechiae and Hemorrhages of the Eyes
- VI. Pulmonary Congestion, Edema and Hemorrhage
- VII. Chronic Gastritis
- VIII. History of Bipolar Disorder

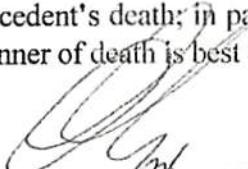
**OPINION:**

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This 19-year-old black male, ANTON MILBERT L. BLACK, died of SUDDEN CARDIAC DEATH due to ANOMALOUS RIGHT CORONARY ARTERY AND MYOCARDIAL TUNNELING OF THE LEFT ANTERIOR DESCENDING CORONARY ARTERY. A significant contributing condition was bipolar disorder. Per report, on 9/15/18 at ~ 7:10 pm law enforcement received a phone call that a man was physically restraining a child. Upon arrival at ~ 7:13 pm, an officer arrived at the scene and saw the decedent restraining a child. The officer asked the decedent to release the child which he did. The decedent then ran away. He was pursued and ~ 2 minutes later he entered an auto and locked the doors. An officer used a baton to break the driver's side window. The officer reportedly fired a TASER through the broken window, but the TASER was described as having no effect. The decedent exited the auto and became involved in a physical altercation with officers. The decedent was placed prone on a handicap ramp leading to a residence. Three officers and a civilian were involved in restraining the decedent. A video of the incident shows an officer lying across the decedent's back at one point. One officer stated that he assisted in restraining the decedent by placing his knees on the decedent's shoulder, with his right knee on the left shoulder blade area at one point. Handcuffs were applied. Approximately 3 minutes after the physical altercation started, the decedent told his mother that he loves her. Approximately 4 minutes later officers applied leg restraints; the decedent was noted by officers to not be actively struggling after the application of the leg restraints. Approximately 1 minute after the legs were restrained, the decedent was noted to be unresponsive, but breathing and with a pulse. Officers rolled him on his side and then placed him in a sitting position. Approximately 2 minutes later his mother noted that "he is turning dark". Officers then removed the hand cuffs, placed him on his back, and started CPR (~ 11 minutes after the physical altercation started). Emergency medical services responded to the scene and continued CPR (including use of a LUCAS device). He was transported to a hospital, but died despite resuscitative efforts. There was no evidence (based on a review of officer interviews and a video of the incident) that the decedent was physically struck by officers, or had force applied to his neck. Reportedly, he may have recently smoked "spice". Per his medical record, he had recently been involuntarily hospitalized and diagnosed with bipolar disorder. No other medical history was reported. Based on a review of the investigation and autopsy findings, it is likely that the stress of his struggle contributed to his death. However, no evidence was found that restraint by law enforcement directly caused or significantly contributed to the decedent's death; in particular, no evidence was found that restraint led to the decedent being asphyxiated. The manner of death is best certified as accident.

  
Russell Alexander, M.D.  
Assistant Medical Examiner

Date signed: 11/23/19  
RA/mwj/cs

  
David R. Fowler, M.D.  
Chief Medical Examiner

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OF RECORDS OF THE  
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STATE OF MARYLAND

DATE 11/23/19 

## NEUROPATHOLOGY REPORT

Name: Anton Milbert L. Black Case #: 18-11079  
Sex: Male Age: 19  
Race: African American Medical Examiner: Dr. Alexander  
Date of Death: September 15, 2018

### MACROSCOPIC EXAMINATION of October 10, 2018

**DO NOT DUPLICATE**

Brain Weight: 1600 grams (fixed)

Dura: Free of hemorrhage. Superior sagittal sinus is patent.

Brain: The cerebral hemispheres are symmetrical, the gyral pattern is normal, and the leptomeninges are translucent. At the base of the brain, blood vessels are free of atherosclerosis or malformation. Cranial nerves are normal. The brainstem and cerebellum are externally within normal limits. External examination of the brain reveals no recent or remote trauma.

On coronal sections, the cerebral hemispheres are symmetrical. The cortical gyri are normally developed. The cortex is of normal thickness and well-demarcated from subjacent white matter. The volume and myelination of the white matter are normal. The corpus callosum and anterior commissure are of normal caliber. Basal ganglia, thalamus and hypothalamus are normal. The ventricular system is of normal shape and size. Hippocampal formations and entorhinal cortices are normal. In the midbrain, the aqueduct is patent and the substantia nigra is normally pigmented for age. Pons has no abnormality of the tegmentum or basis. Medulla is normal. The cerebellum shows normal folia, white matter, and deep nuclei.

Spinal Cord: The entire spinal cord, measuring 23.0 cm in length, is available for examination. The dura is free of hemorrhage. External examination of the cord and horizontal sections are unremarkable.

Summary: 1. Normal brain.  
2. Normal spinal cord.

Comment: This specimen shows no sign of remote or recent trauma. Microscopic sections are pending.

24 October 2018

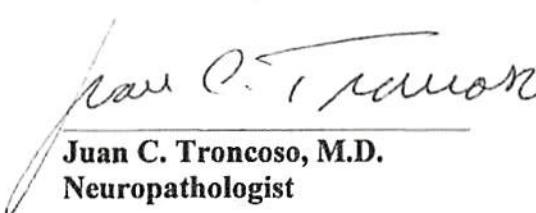
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Juan C. Troncoso, M.D.  
Neuropathologist

  
11/01/19

NEUROPATHOLOGY REPORT

**Name:** Anton Milbert L. Black

**Case #:** 18-11079

**Date of Death:** September 15, 2018

**Medical Examiner:** Dr. Alexander

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**MICROSCOPIC EXAMINATION** of November 8, 2018

Microscopic sections of the superior frontal cortex, basal ganglia, hippocampal formation, medulla, cerebellum and spinal cord show no abnormality.

In the cerebellum there is postmortem autolysis.

11/15/2018

Date signed

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*Juan C. Troncoso*  
Juan C. Troncoso, M.D.  
Neuropathologist

*PT* 111079

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CVPath Institute, Inc.

REPLY TO  
ATTENTION OF

Russell Alexander, M.D.  
Office of the Chief Medical Examiner  
900 West Baltimore Street  
Baltimore, MD 21223

#### PATIENT IDENTIFICATION

CAP 5105  
BLACK, Anton Milbert L.  
18-11079  
November 1, 2018

RV/ns/rjk

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#### FINAL DIAGNOSIS

##### DIAGNOSIS: 18-11079 Autopsy, heart:

1. Anomalous right coronary artery arising from single common ostium above left coronary sinus of Valsalva
2. Myocardial tunnel, mid LAD, 18 mm long and up to 7 mm deep

History: 19 year old black male, 5'9", 159 lbs., was reportedly involved in possible child abduction; police were called, chased the subject on foot, then tazed and handcuffed him; placed in seated position leaning against a wall and went into cardiac arrest.

Heart: Received formalin fixed, 380 grams; normal epicardial fat with rare epicardial hemorrhage (2-5mm) overlying the anterior left ventricle at mid to apex level; closed foramen ovale; normal cardiac chamber dimensions: left ventricular cavity diameter 37 mm, left ventricular free wall thickness 12 mm, ventricular septum thickness 12 mm, right ventricle thickness 3 mm; left atrial endocardial fibrosis; fenestration of the right coronary cusp (RCC); myxomatous thickening of all three aortic valve leaflets with mild LCC/RCC and RCC/NCC commissural fusion; no gross myocardial fibrosis or necrosis; histologic sections show unremarkable myocardium without inflammation, necrosis or cardiomyopathic features

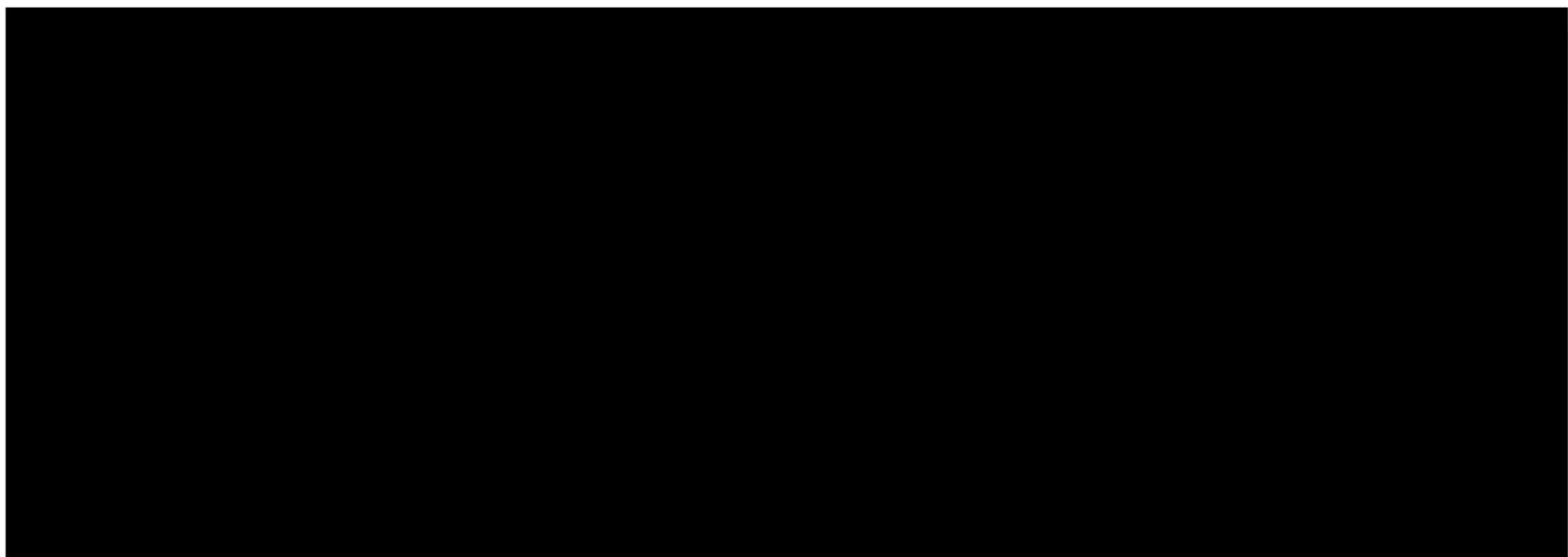
Coronary arteries: Anomalous take-off of the right coronary artery from a slit-like common left coronary ostium; right dominance; 18 mm span of mid left anterior descending (MLAD) tunneling into the left ventricular myocardium up to 7 mm deep; no gross atherosclerosis; a section of the tunneled mid LAD shows histologically normal artery

Conduction system: The sinoatrial node and sinus nodal artery are unremarkable. The compact atrioventricular (AV) node, penetrating bundle and left bundle branch are intact without inflammation, increased fat or proteoglycan. There is no dysplasia of the AV nodal artery. There are no discernible accessory conduction pathways.



CVPath Institute, Inc.

CAP 5105 (18-11079) BLACK, Anton Milbert L.



Superior epicardial view of right coronary artery (RCA) and left main coronary artery (LM) arising from a common ostium; opened aortic root shows single ostium at level of sinotubular junction above left coronary sinus of Valsalva

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Renu Virmani, M.D.  
President, CVPath Institute

Blocks made: 6 (5 heart, 1 coronary artery)

Slides made: 7 (6 H&E, 1 Movat)

Case received: September 21, 2018

Case completed: November 1, 2018



h 1/2/18

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BALTIMORE, MD 21223

# TOXICOLOGY

## REPORT OF FINDINGS

Case # 18-11079	Lab # 18-4390
Deceased Name	Black, Anton Milbert L.
If Previous Unknown	
Medical Examiner	Russell Alexander M.D.
Autopsied by	Russell Alexander M.D.
Jurisdiction	Talbot

Specimen Submitted	Test	Results	
Blood Femoral	Volatiles	Ethanol	Negative
Urine	Drug Test (comprehensive)		Negative
Blood Heart	Drug Test (Individual)	Alkaline Extractable Drugs	Negative
Blood Heart	NMS Labs	Synthetic Cannabinoids	UFT

18-11079

# DO NOT DUPLICATE

Additional Toxicology 01/23/19

Toxicologist **Rebecca Phipps**

### Medical Examiner

Russell Alexander M.D.

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Wednesday, January 23, 2019

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OFFICE OF THE CHIEF MEDICAL EXAMINER  
STATE OF MARYLAND  
900 W. BALTIMORE STREET  
BALTIMORE, MD 21223

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18-11079

**DO NOT DUPLICATE**

Toxicologist    **Rebecca Phipps**

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Medical Examiner

**Russell Alexander M.D.**

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Tuesday, January 08, 2019

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